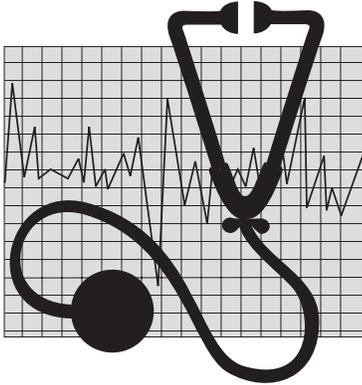


TRANSITIONAL MEDI-CAL

MEDI-CAL FOR WORKING PEOPLE



YOUR FAMILY MAY GET FREE HEALTH CARE!

Transitional Medi-Cal (TMC) is for California families who are no longer eligible for CALWORKs cash aid or Medi-Cal for low income families because of earnings from work. All members of the family may still get no-cost Medi-Cal for up to 12 months. Adults may get it up to 24 months.

IMPORTANT FACTS ABOUT TMC AND OTHER KINDS OF HEALTH CARE COVERAGE

If you just got a job or just started to get more money from your job, but your cash aid or Medi-Cal was stopped for some other reason, be sure to tell us about it. To tell your worker about the job or pay raise or self-employment and request TMC, fill out and return the form on the back of this flyer to your county welfare department.

To get the first 6 months of TMC you must:

- have been on CalWORKs cash aid or Medi-Cal for low income families, and
- have a child in the home.

To get the rest of the months of TMC you must also:

- continue to work, and
- earn under a certain amount, and
- report earnings quarterly.

After the first year of TMC, working parents may get 12 more months, for a total of 24 months, and their children may get other Medi-Cal or Healthy Families program coverage.

EXTENDED MEDI-CAL FOR FAMILIES GETTING CHILD SUPPORT

Four months of extended Medi-Cal may be available for families losing CalWORKs cash aid or Medi-Cal for low income families due to increased child/spousal support. **If you want this kind of Medi-Cal, we need to know about these changes. Please complete the back of this form.**

If you cannot read this form, ask your worker for a translation:

Si no puede leer este formulario, pídale a su trabajador que le dé una traducción.
Spanish

បើសិនជាលោកអ្នកមិនចេះអានសំណេរនេះទេ សូមសួររកអ្នកបកប្រែពីអ្នកកាន់សំណុំរឿងរបស់លោកអ្នក ។
Cambodian

假如你看不懂這份通知，可以要求你的工作人員幫助你翻譯。
Chinese

Если Вы не можете прочитать эту анкету, попросите работника перевести её.
Russian

Nếu quý vị không đọc được mẫu này, hãy hỏi nhân viên phụ trách để xin một bản dịch.
Vietnamese

REQUEST FOR EXTENDED OR TRANSITIONAL MEDI-CAL

Did your Medi-Cal or CalWORKs cash aid stop and:

- You have earnings from a job, a business you started, or a pay raise? YES NO
- You have started to receive or had an increase in child/spousal support payments? YES NO

If you answered “**YES**” to any of these questions, you and other family members may still be eligible for Medi-Cal. Complete this form and attach pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

Return this request form to:

If the information you give us is complete and we can tell from your case file that you qualify, we will put you and eligible family members on an extended Medi-Cal program, such as the Transitional Medi-Cal program. If we need more information from you, we will contact you.

I declare under penalty of perjury that all information provided is true and correct.

NAME	SOCIAL SECURITY NUMBER	
SIGNATURE	TELEPHONE NUMBER ()	DATE
ADDRESS	CITY	ZIP CODE
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON ASSISTING	TELEPHONE NUMBER ()	DATE
